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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE \$1700 08/13/2007 nonprovisional NO \$1400 \$300 **EXAMINER** CLASS-SUBCLASS ART UNIT PASCAL, LESLIE C 2613 398-135000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE LUCENT TECHNOLOGIES INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) MURRAY HILL, NJ 07974 STATE OF DELAWARE -Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4a The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required lee(s), any deficiency, or credit any Advance Order - # of Copies (enclose an extra copy of this form). overpayment, to Deposit Account Number 5. 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